



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**Keys to Developing Effective
Syringe Service Programs and Evidence
Based Practices**

Community of Practice (CoP) Session #2
Wednesday, March 29, 2017

Gretchen Vaughn, Ph.D., & Nancy Kingwood-Small, MA, MS.
Faculty

Jamie Weinstein, MPH, Facilitator The MayaTech Corporation

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How to ask a question during the webinar



You may either use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**

OR

Type your questions into the question box and we will address your questions. **(right)**

**SESSION IS
BEING RECORDED**



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Today's Agenda

1. Welcome
2. Mobilizing Local Communities to Support SSP's
3. Engaging and Retaining Clients in SSP's
4. Grantee Discussion and Questions
5. Wrap-up and Next Steps

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Mobilizing Local Communities to Support Syringe Exchange Programs

Recruiting and Retaining Clients



Nancy Kingwood-Small, MA, MS

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GBAPP (Greater Bridgeport Area Prevention Program), Inc.



Works To:

- Reduce teen pregnancy;
- Reduce the spread of HIV;
- Increase access to care and supportive services;
- Enhance positive relationships; and
- Promote personal responsibility.

*Empowering Individuals
to make informed healthy decisions*

The logo for GBAPP (Greater Bridgeport Area Prevention Program), Inc. is a circular emblem. It features a central red star with five white hands reaching out from its points. The text "GBAPP INC." is at the top, and "GREATER BRIDGEPORT AREA PREVENTION PROGRAM" is around the bottom. A smaller tagline at the very bottom reads "Building a healthier Community through education, Collaboration and Intervention".

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GBAPP, Inc.



HIV Department

- Established in 1983, GBAPP provides services to five surrounding towns
- Was the first maternity home in the state
- Housing programs for youth ages 16 to 21 in partnership with the State of CT Department of Children and Families
- Teen Pregnancy Prevention Program
- Teen Fatherhood Initiative
- Life Skills classes
- Drug Free Communities/Bridgeport United Coalition
- Faith Based Initiative, engaged over 60 faith based organizations
- Syringe Exchange Program, including Narcan training and distribution
- Case management, HIV and Hep C screenings, outreach, trauma groups for women,
- Early Intervention Services
- Evidence based model programming
- Lead Agency for Ryan White Funding with six subcontractors



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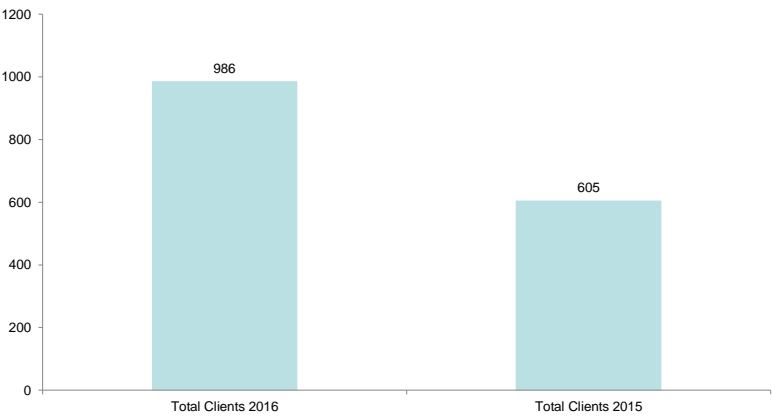
Bridgeport Syringe Exchange Program

- Obtained contract in February 2015
- Worked with the media and other local stakeholders as the contract transitioned
- Currently 1,046 unduplicated clients access the SSP van
- Previous contractor had 168 unduplicated clients
- Held town halls and used social media to promote the program



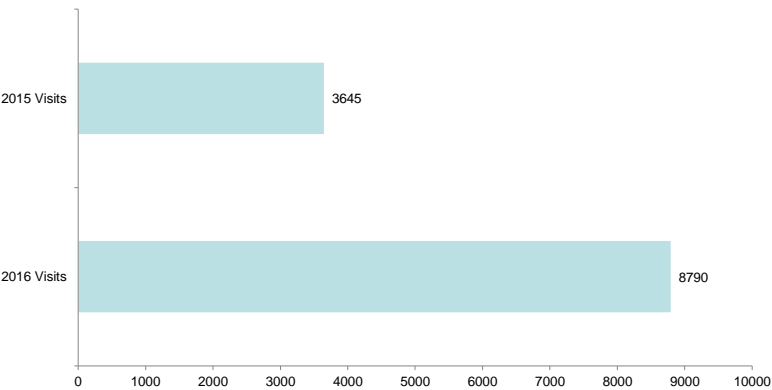
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Number of SSP Clients



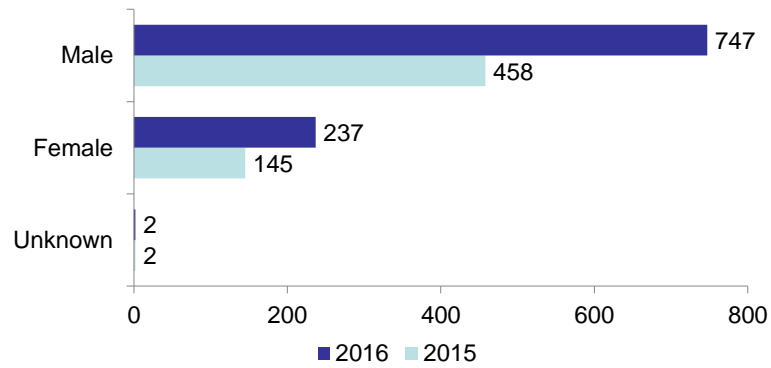
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Number of SSP Clients by Visits



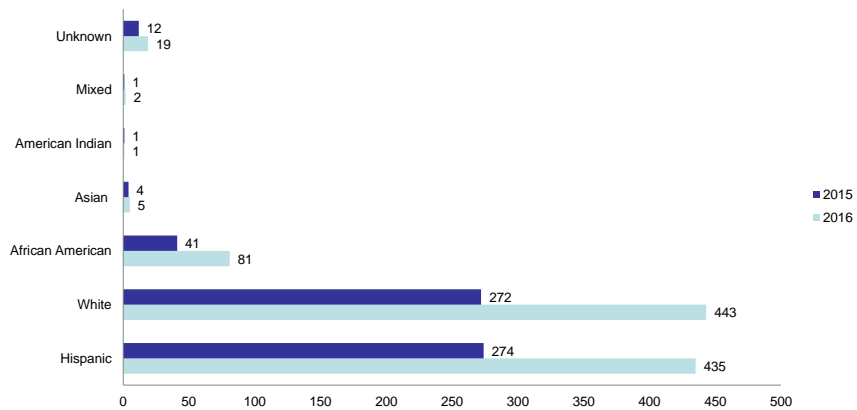
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SSP Clients by Gender



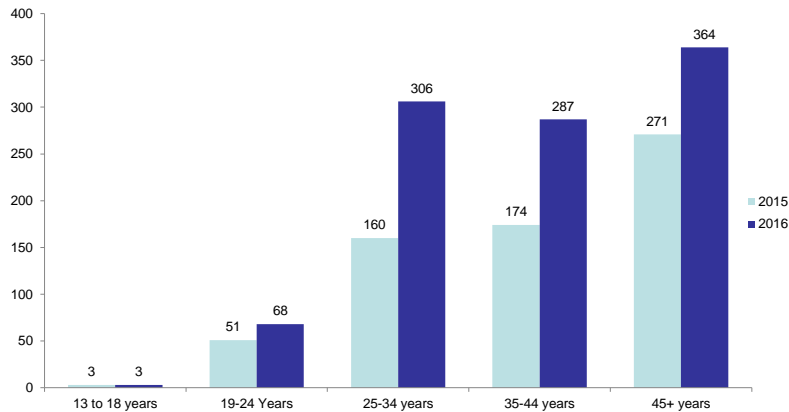
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SSP Clients by Race/Ethnicity



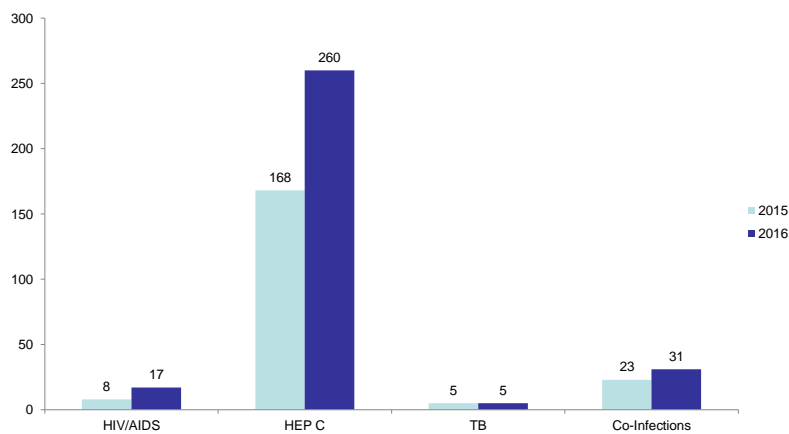
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Number of SSP Clients by Age Group



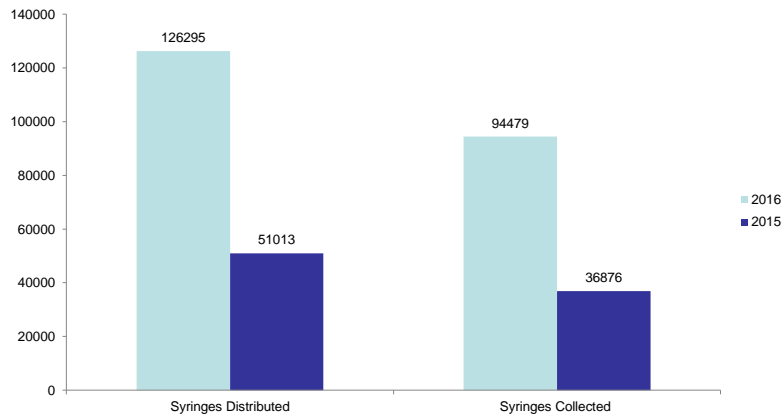
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Number of SSP Clients who self-reported a HIV/AIDS, HEP C, TB or Co-infection diagnosis



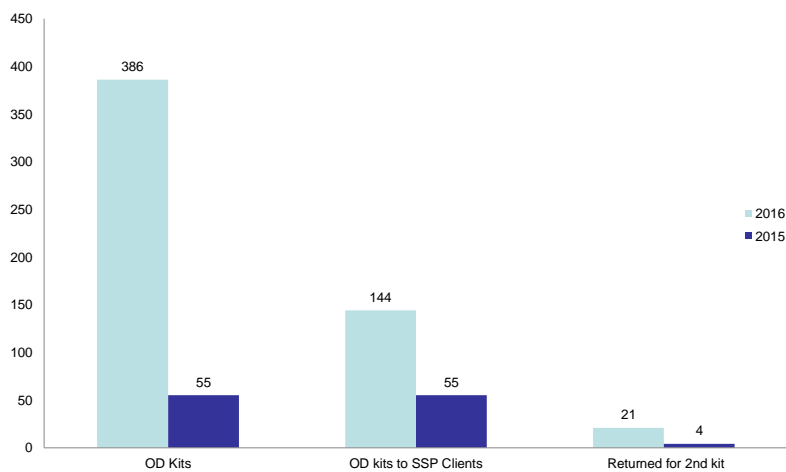
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Number of SSP Syringes Collected and Distributed 2015-2016



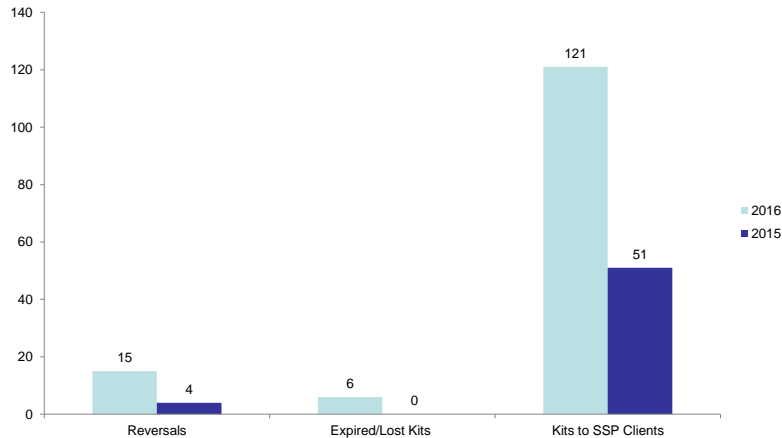
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Narcan OD Kits Distribution 2015-2016



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Narcan OD Kits Distribution 2015-2016, Continued



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Additional Information

Substance Abuse Referrals

- 19 referrals to detox
- 34 to methadone

HEP C tests 2016

- 29 tests
- 5 positives

HIV Tests 2016

- 281 tests , 21 done in SSP van

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GBAPP's Strategies for Mobilizing the Community

- **Community mapping**- to identify hot spots in local neighborhoods
- Identified **non-traditional community gatekeepers** (pool room owners, package store businesses, etc.)
- Partnership with the **media** (local newspaper)
- Held **town halls** to address neighborhoods concerns
- Met with **local leaders**
- Intensive and **targeted outreach**
- Outreach during **non-traditional hours** (night and morning reach)
- Distributed **flyers and brochures** highlighting van stops and staff contact information
- **Social media platforms** -posted supportive articles
- Held **Twitter chats** about the realities of IV substance use
- Met with local partners and **medical providers**
- Developed **referral system** to help clients access treatment more quickly
- Informed **local law enforcement** about our program and state statutes concerning syringe exchange



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Why mobilize and engage the community?

- **NIMBY, Not in my Back Yard:**
- **Inform Residents** - where the SSP van will be in their neighborhood
- The **support** of the **community** is critical to success
- Many people do not support the SSPs out of **fear** of what might happen in the neighborhoods
- NIMBY can become **political**
- **Education is Power!** People need to have access to factual information about the success of SSPs and its effectiveness



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What local communities need to know

SSPs are:

- Successful reducing the spread of HIV/AIDS, Hepatitis
- Cost Effective
- Provide resources to individuals and families
- Offer education
- Help keep the community clean
- Have an established referral system in place to access treatment
- Part of a larger prevention and treatment programs



•<http://theinfluence.org/orange-countys-first-ever-needle-exchange-is-an-overdue-victory-for-public-health/>



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STRATEGIES FOR ENGAGEMENT AND RETENTION IN SYRINGE EXCHANGE PROGRAMS



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Engaging Clients in Syringe Exchange Programs

- Hire **indigenous leaders** from the community
- **Use your data** and information from community mapping
- Develop strategies for going into those neighborhoods
- Make sure you have a **community champion** in the location where you will park the van
- Engagement strategies are important for better outcomes



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Retaining Clients in Care and Treatment

- Use of **incentives***
- Use a **gender specific treatment curriculum**
- Invite clients to other organization **events**
- Work with **local courts, probation and parole**
- Work with **local politicians**
- Identify **supportive traditional gatekeepers** (i.e. church and civic leaders)
- Become a **trusted leader** in the community
- Use **motivational interviewing** during the intake and assessment process



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Retaining Clients in Care and Treatment

- **Diversity** in Staffing
- **Cultural Competence** (Sensitivity)
- **Use of Technology** (cell phones, text messages) to keep the client engaged and for appointment reminders
- **Peer Support** Component
- **Address Stigma** in the context of culture
- **Use of non-traditional gatekeepers**



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Lessons Learned

- It takes a community to effectively address substance use
- Client's level of readiness is important to better long term outcomes
- Gatekeepers and stakeholders know their community and neighborhoods
- All services must be client centered
- The media can help to positively promote the program
- Social media can be used to help influence community norms



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Lessons Learned continued

- All sectors of the community can assist with recruitment and retention (community and faith based organizations, health departments, shelters, etc.
- Partnerships are important and can help maximize resources

Resources

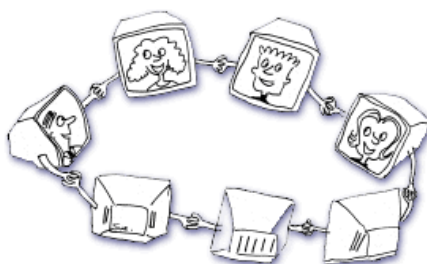
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MAI-CoC SSP & EBP Community of Practice

GRANTEE QUESTIONS & DISCUSSION



HRSA
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Next Steps...



Coaching call before Session 3?

Session 3 – EBP- Motivational Interviewing

Other Topics to explore during the CoP?

- What topics would you like to focus on?
- Are there resources that you would like to share?

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Resources – SSP & EBP CoP

NIATx Promising Practice. 2009. University of Wisconsin

- Using Motivational Interviewing During Treatment.
www.niatx.net/toolkits/provider/PP_UseMITreatment.pdf
- Use the Spirit of MI During First Contact
http://www.niatx.net/toolkits/provider/PP_UseMIFirstContact.pdf
- Wisconsin Motivational Interviewing Fidelity Tool
<http://www.niatx.net/toolkits/provider/WisconsinMIFidelityTool.pdf>

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Session #3

Wednesday, April 26th 2:00 -3:00 PM ET

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Additional Questions

Gretchen Vaughn

gvaughn@mayatech.com

Jamie Weinstein

jweinstein@mayatech.com



Additional Comments?

Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org or MAI-COC-TA@mayatech.com

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Slides for today's CoP are available on the CIHS website at:

<http://www.integration.samhsa.gov/mai-coc-grantees-online-community/communities-of-practice>

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For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org



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feedback by completing the survey at the
end of today's webinar.



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